


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 550224 (0)			
1. Corporation Name CLMP, INC.			
Principal Place of Business 5421 N. 59TH STREET P.O. BOX 3150 TAMPA FL 33610		Mailing Address 5421 N. 59TH STREET P.O. BOX 3150 TAMPA FL 33610	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent STOHLER, RICHARD L. 5421 NORTH 59TH STREET TAMPA FL 33610		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	DELETED	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	DELETED	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	DELETED	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	DELETED	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	DELETED	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Change Addition		
1.2 NAME	Change Addition		
1.3 STREET ADDRESS	Change Addition		
1.4 CITY-ST-ZIP	Change Addition		
2.1 TITLE	Change Addition		
2.2 NAME	Change Addition		
2.3 STREET ADDRESS	Change Addition		
2.4 CITY-ST-ZIP	Change Addition		
3.1 TITLE	Change Addition		
3.2 NAME	Change Addition		
3.3 STREET ADDRESS	Change Addition		
3.4 CITY-ST-ZIP	Change Addition		
4.1 TITLE	Change Addition		
4.2 NAME	Change Addition		
4.3 STREET ADDRESS	Change Addition		
4.4 CITY-ST-ZIP	Change Addition		
5.1 TITLE	Change Addition		
5.2 NAME	Change Addition		
5.3 STREET ADDRESS	Change Addition		
5.4 CITY-ST-ZIP	Change Addition		
6.1 TITLE	Change Addition		
6.2 NAME	Change Addition		
6.3 STREET ADDRESS	Change Addition		
6.4 CITY-ST-ZIP	Change Addition		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1977** 3a. Date of Last Report **08/07/1996**

4. FEI Number **59-1787054** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard L. Stohler** 7-21-97 913-214-5826

CR2E034 (4/97)